CITY OF ROUND ROCK, TEXAS CITY OFFICIAL



FINANCIAL DISCLOSURE STATEMENT FOR THE REPORTING PERIOD

2013	
(Year)	

This form is required to be completed by every candidate who declares for any office of the City to be filled by election:

This statement is due within fifteen (15) days of the date the candidate declares his candidacy.

This statement is required by Chapter 2, Article III of the Round Rock City Code. Please refer to section 2-120 for specific requirements and to section 2-117 for definition of terms.

Where additional space is required, please attach separate pages.

Please fill in all blanks. If a requested item does not apply, write "N/A."

FINANCIAL DISCLOSURE FOR: 2013

A.	Name of Candidate:	Craig	W	DIGGN			
	Office Sought:	City Counc		Place 1			
	Residence Address:	/		Forest Dr.			
				Tx. 78665			
	Business Address:	4	Me				
		6.0111102	'n	7x. 78626			
	Telephone Numbers:	1		•			
	Home:	() Cell					
	Work:	(517) 943	7-16	74			
	Cell:	(5/2) 294					
	Name of Spouse:	Amano	10	Morgan			
Nam	ne(s) of all dependent n	ninor children:	-	1 adult ch	10,		,
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	ne(s) under which you, y dependent minor child						
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D.	childre within	en owe a debt of \$10,000.00 or more, but not including debts owed to persons related the second degree of consanguinity or affinity and excluding loans to a political sign which were reported or required by law:
	1.	Name of person or business entity: Wells Forgo (cov loca)
		Address:
		If repaid during reporting period, date of repayment:
	2.	Name of person or business entity: Copile One Auto (cor loca)
		Address:
		If repaid during reporting period, date of repayment:
	3.	Name of person or business entity: FIHL Third Bank Ciently (cor low
		Address:
		If repaid during reporting period, date of repayment:
	4.	Name of person or business entity: U.S. Benk (Mortgage)
		Address:
		If repaid during reporting period, date of repayment:
	5.	Name of person or business entity: $S_c/l/\ell$ M_{ℓ}
		Address:
		If repaid during reporting period, date of repayment:
	6.	Name of person or business entity:
		Address:
		If repaid during reporting period, date of repayment:

(attach separate page if necessary)

7.

1.	Name of source: McCrccr/, Vr/(le Arigg + Allin PC
	Source's address: 700 Jeffry Way RR TX
	Type of entity (if applicable):
	Date entity came into existence (if applicable):
	State of incorporation (if applicable):
	Names of partners or trustees (if applicable): Nevy Allin, Medilin /s Noc Reget Elizebith Deuth, John O' Congril
2.	Name of source:
	Source's address:
	Type of entity (if applicable):
	Date entity came into existence (if applicable):
	State of incorporation (if applicable):
	Names of partners or trustees (if applicable):
3.	Name of source:
	Source's address:
	Type of entity (if applicable):
	Date entity came into existence (if applicable):
	State of incorporation (if applicable):
	Names of partners or trustees (if applicable):

(attach separate page if necessary)

4.

1.	Recipient of gift:	
	Value of gift:	
	Name of source:	
	Address of source:	
	Type of entity (if applicable):	
	Date entity came into existence (if applicable):	
	State of incorporation (if applicable):	
	Names of partners or trustees (if applicable):	
2.	Recipient of gift:	
۷.	Value of gift:	
	Name of source:	
	Address of source:	
	Type of entity (if applicable):	
	Date entity came into existence (if applicable):	
	State of incorporation (if applicable):	
	Names of partners or trustees (if applicable):	

Identify the donor of each gift of more than one hundred fifty dollars (\$150.00) in value

F.

G.	or mo	by the donor of two or more gifts of an accumulated value of six hundred dollars (\$600.00) re received by you, your spouse, or your dependent minor children, including the value of t, where such donor has appeared before and requested action of the City Council during porting period.
	1.	Recipient of gift:
		Value of gift:
		Name of source:
		Address of source:
		Type of entity (if applicable):
		Date entity came into existence (if applicable):
		State of incorporation (if applicable):
		Names of partners or trustees (if applicable):
	2.	Recipient of gift:
		Value of gift:
		Name of source:
		Address of source:
		Type of entity (if applicable):
		Date entity came into existence (if applicable):
		State of incorporation (if applicable):
		Names of partners or trustees (if applicable):
	3.	(attach separate page if necessary)

or more each, for a total of \$2,500.00 or more and (2) have appeared before and requested action of the City Council during the reporting period. (Identification shall include individuals who have an ownership interest of twenty-five percent (25%) or more in a business entity which you have had business dealings involving \$2,500.00 or more and who appeared before and requested some action on the part of the City Council, even though the action does not concern such business entity.) 1. Name of individual or business entity: Address: Type of entity (if applicable): Date entity came into existence (if applicable): State of incorporation (if applicable): ______ Names of partners or trustees (if applicable): Name of individual or business entity: 2. Address: Type of entity (if applicable): Date entity came into existence (if applicable): State of incorporation (if applicable): Names of partners or trustees (if applicable):

Identify all individuals or business entities that (1) you or a business entity in which you have a

substantial interest have had business dealings involving one or more transactions of \$500.00

Н.

(attach separate page if necessary)

3.

<u>VERIFICATION</u>

STATE	OF TEXAS	§ § §	
COUN	ITY OF WILLIAMSON	§	
	Creig Mogen	egoing a	Notary Public, on this day personally appeared, known to me, and after being duly nd annexed Financial Disclosure for2013 ue and correct.
			(signature) (print or type name)
2014.	SWORN TO AND SUBSCRIBE	ED TO BE	EFORE ME on this 13th day of Felonumy,
	SARA LEIGH WHITE MY COMMISSION EXPIRES July 11, 2016		Notary Public, State of Texas. Printed Name: Shu Lugh With My Commission Expires: July 1, 2016